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Notice of Independent Review Decision

DATE OF REVIEW: 08/01/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: L5-S1 decompression hemilaminectomy, discectomy, foraminotomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. M.D., 06/11/10
2. M.D., 09/09/10, 11/19/10
3. D.O., Operative report, 01/06/11, 02/03/11, 02/06/11, 02/24/11, 04/05/11
4. M.D., 05/07/11
5. M.D., 05/24/11
6. Denial 06/14/11, 06/29/11
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was injured while performing her usual job over one year ago. She began complaining of low back pain and left leg pain.

An MRI of the lumbar spine was performed at Imaging on xx/xx/xx. The report noted minimal degenerative changes of the lumbar spine most significant at L5-S1 where

there was a mild disc bulge and potentially minimal disc protrusions at the central and right central areas. Bulging disc abutted the S1 nerve roots greater on the right within the lateral recess. There was no impingement seen. There was moderate left L5-S1 foraminal narrowing with likely impingement on the L5 nerve root. The employee was treated with physical therapy, medications, and light duty at work. She also had an epidural steroid injection that provided 10% relief during anesthetic portion.

An examination was performed by Dr. on 02/03/11 that reported the need for an EMG.

The EMG was performed by Dr. on 02/24/11 at the Orthopedic Group. The report noted an abnormal study with electrical evidence of acute left L5 radiculopathy. It seemed to be mild in severity but was still there.

Dr. performed a Designated Doctor Evaluation on 05/07/11 and found the employee to be at Maximum Medical Improvement (MMI) on that date with an impairment of 5%. This was from a DRE Category II lumbosacral impairment. Physical examination by Dr. reported symmetrical reflexes, strength, and sensation in the bilateral upper and lower extremities, negative seated supine and crossed straight leg raising, and no atrophy in the bilateral upper or lower extremities. The employee could toe and heel walk well.

Dr. examined the employee on 05/24/11 and reported the need for surgery.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Official Disability Guidelines recommendations for lumbar surgery require nerve root compression with unilateral weakness and mild atrophy, mild to moderate foot/toe dorsiflexion weakness, unilateral hip lateral thigh pain. S1 nerve root compression requires severe unilateral plantar flexor weakness or atrophy, unilateral foot/toe flexor hamstring weakness, or unilateral posterior thigh and calf pain. This employee has conflicting objective findings that are possibly explained by an earlier examination by Dr.. His first examination almost one year ago found her left sacroiliac joint to be dysfunctional, and he believed that that was the source of her pain. The objective examination seemed to agree with that assessment. The MRI reported that an L5-S1 disc protrusion may compress the L5 nerve root. This is somewhat problematic as this is not an anatomic presentation. The EMG also reported L5 nerve root radiculopathy. This is not consistent with the physical findings or the MRI. This employee does not meet **Official Disability Guidelines** recommendations for indications for surgery, and therefore this request is not certified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. *Official Disability Guidelines*